



State of Nevada Manufactured Housing Division
1535 Old Hot Springs Rd. Suite 60
Carson City, NV 89706
Phone (775) 687-2060 * Fax (775) 687-5521
www.mhd.nv.gov

MOBILE HOME PARK MANAGER CERTIFICATION FORM
2013

Applicant: _____

Address _____
Last First Middle
Street Space City Zip

Number of adults living in home: _____ Number of minor children living in home: _____
Tenancy began _____, 20_____. Home size: () SW; () DW; () TW
Current monthly rent \$_____ (Base only - do not include charges for water, garbage, utilities)
Please note any future rent increases. _____

Is the tenant currently receiving any Rent Subsidy? _____ Yes (Amount \$_____); _____ No
Is rent paid by check, cash or money order? _____ Is tenant current on rent? _____
If the tenant is not current on rent, has there been an agreement of payments? _____
Is rent paid by someone other than the tenant? ____ Yes ____ No. If yes, by whom? _____
How many vehicles do the tenant and any other occupants of the home have? _____

Name of mobile home park _____
Park address _____
Phone _____ Fax _____
Park email address: _____
Name of park manager _____

****Any additional information you wish to provide regarding the tenant*****

Please advise the subsidy program should there be any changes in the above information

PURSUANT 118B.390, I hereby certify that the information contained on this lot rent subsidy program certification form is true and correct to the best of my knowledge. This form must be completed, notarized and returned within 7 days.

Print name of manager / owner Signature of manager / owner

STATE OF _____ COUNTY OF _____

Subscribed and sworn to before me, _____ a Notary Public,
(Name of Notary Public)
on the _____ day of _____ 20____ by _____
(Print name of manager/owner signing above)

SIGNATURE OF NOTARY PUBLIC